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group; 10 patients (35.7%) had lactate diminished extraction and 18 patients (64.3%) had lactate production in response to pacing induced tachycardia in group 1 (angina group). All 18 patients (100%) in group 2 (silent ischemia group) had lactate diminished extraction in response to pacing induced tachycardia (<0.001). LV systolic function reduction in response to pacing induced ischemia was non significant between the 2 groups. Silent ischemic attacks represented >80% of total ischemic episodes during 24 h Holter ECG study and it occurred at lower heart rate than angina attacks ($P = 0.03$). The magnitude of S–T segment depression was non significant between the two groups.

Conclusions: In patients with coronary artery disease, myocardial lactate production is significantly higher in patients with angina than in patients with silent ischemia and as lactate is known (with other metabolic agents) to cause chest pain and this is considered an explanation (mechanism) for the occurrence of silent myocardial ischemia.

http://dx.doi:10.1016/j.jsha.2013.03.011

Alstrom syndrome: Case report of a rare genetic disease with potentially lethal complications

Kashif Bin Neem, M. Rizwan Khalid

Alstrom syndrome (AS) is a rare autosomal recessive genetic disorder characterized by multiorgan dysfunction. We report a 20-year-old obese Saudi male who presented with congestive heart failure. However, he also demonstrated cone-rod retinal dystrophy, type 2 diabetes mellitus, bilateral sensori-neural hearing loss and short stature, fulfilling the clinical criteria for AS. Subsequent genetic analysis revealed homozygous mutation in the ALMS1 gene responsible for AS. DCM manifests in approximately two-thirds of individuals with AS at some stage during their lives and is a major cause of morbidity and mortality.

http://dx.doi:10.1016/j.jsha.2013.03.012

Successful pregnancy and delivery in a woman with a single ventricle and eisenmenger syndrome

Marouane Boukhris, Kaouathar Hakim, Fatma Ouarda, Hela M'saad, Rafik Boussaada

The single ventricle is a rare abnormality found in 1% of patients with congenital heart disease, often discovered during the childhood. Without pulmonary stenosis, the disease can progress to a fixed pulmonary hypertension. Both pregnancy and delivery are risky events apt to increase the right to left shunt.

The presence of pulmonary hypertension is considered to be the major maternal risk factor. Therefore, pregnancy is contraindicated.

We reported the case of a 27-year-old woman with a single ventricle without pulmonary protection and fixed pulmonary hypertension at 60 mm Hg, discovered during a pregnancy. The management of the caesarean delivery was successfully done by a regional anesthesia and nitric oxide. The outcome was good under anticoagulation therapy and then under inhibitors of endothelin receptors.

Even if they were contraindicated, pregnancy and delivery were successfully achieved in this patient. The revaluation of ventricular function and pulmonary blood pressure would provide information about the long-term prognosis

http://dx.doi:10.1016/j.jsha.2013.03.013

Diaphragm fibrillation diagnosed by transoesophageal echocardiography

Michal Tomaszewski, Karolina M. Stepien, Andrzej Tomaszewski, Grzegorz Wilczynski, Andrzej Wysokinski

We present a case of diaphragmatic fibrillation (with a frequency of 600/min) in a patient at the early post-operative stages. In view of the decreased oxygen saturation and confusion, the patient was sedated and mechanically ventilated. His declining physical condition was partially associated with diaphragmatic fibrillation superimposed on heart failure and lung disease. The transthoracic echocardiography was technically difficult. Consequently, the transoesophageal echocardiography was undertaken. This is the first case report presenting diaphragmatic fibrillation as an incidental finding on transoesophageal echocardiography.

http://dx.doi:10.1016/j.jsha.2013.03.014

Surgical repair and outcome of large mycotic pseudoaneurysm of the ascending aorta originating at saphenous vein graft take off

Mohamed F. Ibrahim, Ayman Sallam, Samih Lawand, Abdelfatah Elasfar

Mycotic pseudoaneurysm of the ascending aorta is a rare but potentially lifethreatening complication following cardiac surgery. We experienced a rare case of early postoperative pseudomonas mediastinitis with large pseudoaneurysm of ascending aorta originating at the venous graft take off site following a recent coronary artery bypass grafting (CABG) operation. To the best of our knowledge, this is the first case report that describes mycotic pseudoaneurysm originating at aorto-saphenous anastmosis after CABG in a non-immunosuppressed patient.

http://dx.doi:10.1016/j.jsha.2013.03.015